

Commonwealth of Virginia  
Department of General Services  
Division of Consolidated Laboratory Services  
Richmond, Virginia

**Chapter 46 Certification of Compliance Statement**

**Laboratory Name:** \_\_\_\_\_ **VELAP ID:** \_\_\_\_\_

**Per 1VAC30-46-70 F 3 b and 1VAC30-46-70 C b:** *The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Virginia environmental laboratory accreditation program regulation (1 VAC 30 Chapter 46) and is subject to the provisions of 1VAC30-46-100 in the event of noncompliance.*

*Specifically the applicant:*

- (1) Shall commit to fulfill continually the requirements for accreditation set by DCLS for the areas where accreditation is sought or granted.*
- (2) When requested, shall afford such accommodation and cooperation as is necessary to enable DCLS to verify fulfillment of requirements for accreditation. This applies to all premises where laboratory services take place.*
- (3) Shall provide access to information, documents, and records as necessary for the assessment and maintenance of the accreditation.*
- (4) Shall provide access to those documents that provide insight into the level of independence and impartiality of the laboratory from its related bodies, where applicable.*
- (5) Shall arrange the witnessing of laboratory services when requested by DCLS.*
- (6) Shall claim accreditation only with respect to the scope for which it has been granted accreditation.*
- (7) Shall pay fees as shall be determined by the accreditation body.*
- (8) Shall have access to a copy of the TNI standards incorporated by reference into 1VAC30-46.*

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the laboratory or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. Submitting false information or data shall result in denial or withdrawal of accreditation. I further certify that I am authorized to sign this application.*

**QUALITY ASSURANCE OFFICER**

*Signature for Quality Assurance Officer is required*

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**RESPONSIBLE OFFICIAL (RO)**

*Signature for RO AND/OR TM is required*

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**TECHNICAL MANAGER(S) (TM)**

*Signature for RO AND/OR TM is required*

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Submit to DCLS with Initial Application, Staff Update, and Annual Renewal